

# Analysis of University Students' Mental Health

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## Introduction

Early adulthood is a time when mental illness is more likely to occur, and many psychiatric problems first manifest between the ages of 17 and 24. Because it can be significantly impacted by the numerous stressors experienced during the college years and raise the risk of numerous physical and psychiatric ailments, university students' mental health is a public health concern. Stressors for students can include moving into new homes, taking on more responsibility, and being away from the family. Additionally, students confront pressures like the pressure to succeed academically despite financial limitations, adjusting to shifting course loads, and making psychological adaptations in one's social and support networks [1]. According to the largest study on student stress in Germany to date, which was based on a poll of 18,000 students, 53% of students felt overly anxious because of time restraints, performance-related pressure, or a fear of being overwhelmed. Thus, the presence of significant amounts of Students' perceptions of stress were higher than those of working people generally. (50%). Students at seven universities in the UK also showed high perceived stress levels. And despair ratings, while Egyptian university students reported a variety of mental health complaints (such as jitters, anxiety, depression, mood fluctuations, dread, and difficulties concentrating) (Pay attention.) Depressive symptoms also impacted one-third of medical students, and were very common among German, Polish, and Bulgarian freshmen. Prevalence rates were greater in sophomores (37%) compared to freshmen (27%) in China, ranging from (23-39%). Concerningly, 40% of American undergraduates reported having severe depression. In studies on work-related mental health, the idea of "irritation" has shown greater appeal in this respect. Irritation was used to define a condition of psychological weariness among college students. Additionally, earlier research indicates that irritation may act as a mediator between stresses and the onset of depression. Thus, annoyance is more than simply being tired and less than a mental disease and it can eventually lead to more severe deficits [2].

## Description

A positive psychology, which does not only focus on mental illness but also on the good elements of mental health, is another movement that has recently come to light in studies. These cover personal assets and assets that are related to resilience, intrinsic drive, and improved academic success (e.g., self-esteem, engagement). For instance, 84–90% of college students in India, Iran, and Spain reported having at least medium self-esteem, which has been linked negatively to student annoyance and independently to depressive, anxious, and stress symptoms. Similar research has revealed that among university students, participation is inversely related to depressive symptoms and burnout. There are differences based on sex and academic standing as well, though results are still erratic. Both academic achievement and self-

esteem are positively correlated with one another. There are several effects of mental health symptoms. Academic stress increased disordered eating among female university students and was associated with lower self-esteem. In the USA, more than 10% of undergraduates had seriously considered suicide. They have a negative impact on academic achievement, predicting lower grade point average and college dropout. Academic success is significantly influenced by students' self-perceptions and sentiments. Similarly, among college students in the UK and Egypt, various health issues became more common as perceived stress increased. Unsurprisingly, the pressures on students' mental health are a public health issue, the demands on students' mental health are increasing and there is a "campus mental health crisis" as a result of the increased frequency and severity of issues among university students [3-5].

The literature does nonetheless show knowledge gaps. There have been few studies that have looked at the three factors of sex, academic level, and mental health in college students. Typically, research mainly focused on one or two of these factors or on a specific area of mental health, such as only stress, only depression, stress and depression, only self-esteem, etc. Although this method has its uses, it ignores other areas that are crucial for providing a more comprehensive view. Additionally, the majority of research used small sample sizes, which restricted their generalizability. By thoroughly detailing several mental health areas as a function of gender and academic levels among students pursuing bachelor's degrees in science (BSc), master's degrees in science (MSc), and doctoral degrees (PhD), the current study closes these knowledge gaps. The specific goals were to assess both the positive and negative aspects of mental health, taking into account sex and academic level of study. The positive aspects of mental health included high self-rated health, self-esteem, and student engagement. The negative aspects of mental health included perceived stress, irritation, and symptoms of depression, anxiety, depression and anxiety comorbidity, and psychological distress.

## Conclusion

The primary causes of disease burden are now more widely acknowledged to be mental diseases. Unsurprisingly, the welfare and mental health of college students is a matter of public concern. Therefore, researchers and university stakeholders are evaluating students' mental health as in terms of student characteristics, as well as related risk factors. The present research evaluated various aspects of mental health in undergraduate and graduate students at a big university in Germany that emphasises both academic standing and sex. Our key discoveries were indicated there were no sex differences in the ratings of health for 70% of the students. Male gender was linked to high self-esteem and student engagement. Females, on the other hand, higher levels of perceived stress, cognitive and emotional irritation, as well as as well as a higher likelihood of positive screenings for anxiety, depression, and anxiety comorbidity, as well as psychological distress Lower levels of study were associated with lower levels of study. With lower odds of high self-esteem and higher odds of positive depression screenings Anxiety, comorbidity, and psychological distress are associated with increased perceived stress. As well as emotional annoyance In general, the effect sizes of gender and academic level were small. ( $\eta^2 p 2 = 0.01-0.02$ ). Below, we discuss each mental health domain in relation to sex and academics level of education.

## Conflict of Interest

None.

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Date of Submission: 02 July, 2021; Manuscript No. jmt-22-77828; Editor Assigned: 04 July, 2022, PreQC No. P-77828; Reviewed: 07 July, 2022, QC No. Q-77828; Revised: 15 July, 2022, Manuscript No. R-77828; Published: 22 July, 2022, DOI: 10.37421/2471-271X.2022.08.223

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**How to cite this article:** Srivastava, Prachi. "Analysis of University Students' Mental Health." *J Ment Disord Treat* 8 (2022): 223.